

Work Order ID 109026

109026

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Wednesday, November 06, 2013 3:11:23 PM

Item ID: D4025-5

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Fuel Quantity Sender

Stop

NS2

Start Date: 11/5/2013 Start Qty: 1.00

1

Cust Item ID:

Required Date: 11/6/2013 Req'd Qty: 1.00

1

Customer: CHELI02

Reference: RMA RA111617 - RETURN

Approvals: Process Plan: MF.

Date: 13-11-06

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D4025

B

100

0.00

100

QC

Memo

0.00

Quality Control

INSPECT RA 111617 D4025-5 X 1 B81899

PART IS DAMAGED AND SCRAP

5/13/10/31

110

0.00

110

Small Fab

Memo

0.00

Small Fab

SCRAP PART

8/13/11/11

XC

120

QC21- Final Inspection - Work Order Release

0.00

120

QC

Memo

0.00

Quality Control

13/11/14

MF
13-11-11

Picklist Print

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Work Order ID: 109026
Parent Item: D4025-5
Parent Item Name: Fuel Quantity Sender

Start Date: 11/5/2013 Required Date: 11/6/2013
Start Qty: 1.00 Required Qty: 1.00

Comments: IPP REV:A 11.11.22 NEW ISSUE DD VERF;EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4025-5 Fuel Quantity Sender		Manufactured	No				Each	21.0000		1			

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
ST140	8	
107655	8	
ST141	13	
106832	12	
99745	1	

1 x 81899
mf
13-11-06

RA 111617 D4025-5

Received @ Dart Oct 21st, 2013
Inspected@ Dart Oct 31st, 2013

CUSTOMER: HELISWISS IBERICA S.A
CUSTOMER CONTACT: JOSE MARIA TALLON
SHIPPED FROM: SABADELL, BARCELONA, ES

Instructions for RA 111617 D4025-5

- Qty x2 D4025-5 fuel senders returned
 - D4025-5 B99745 was reported faulty
 - Transit pin was never removed suspect that as reason for being faulty
 - Send out to original supplier for retesting
 - Insure c'o'c returns with part
 - Need a work order for retesting
 - D4025-5 B81899 was damaged
 - Scrap part (see pic's)
 - Need work order for scraping of part

Time Estimate = 3 HOURS

Departments Required: Purchasing and QC

Pictures Attached = YES

QTY INSPECTED = x1 D4025-5 B99745
x1 D4025-5 B81899

**THIS INSTRUCTION SHEET MUST
BE ATTACHED TO THE
RESTOCKING WORK ORDER AT
ALL TIMES!!!!**

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other